

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF SOUTH CAROLINA

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Robert

First name

David

Middle name

Crumley

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Elizabeth

First name

Ann

Middle name

McAlpine-Crumley

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Robbie Crumley

Robert David Crumley, Sr

Beth Crumley

Elizabeth Crumley

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-1271

xxx-xx-4518

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**2206 Wilson Drive
Beaufort, SC 29902**

Number, Street, City, State & ZIP Code

Beaufort

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

**P O Box 16
Port Royal, SC 29935**

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Robert David Crumley**

Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.
 Yes.

District of South Carolina		When	Case number	11-01112
District	_____	When	Case number	_____
District	_____	When	Case number	_____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes.

Debtor	_____	Relationship to you	_____
District	_____	When	Case number, if known
Debtor	_____	Relationship to you	_____
District	_____	When	Case number, if known

11. Do you rent your residence?

No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Robert David Crumley**

Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Robert David Crumley**

Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Robert David Crumley**
 Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Robert David Crumley

Robert David Crumley

Signature of Debtor 1

/s/ Elizabeth Ann McAlpine-Crumley

Elizabeth Ann McAlpine-Crumley

Signature of Debtor 2

Executed on January 16, 2020
 MM / DD / YYYY

Executed on January 16, 2020
 MM / DD / YYYY

Debtor 1 **Robert David Crumley**

Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known)

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Michael G. Matthews

Signature of Attorney for Debtor

Date

January 16, 2020

MM / DD / YYYY

Michael G. Matthews 10012

Printed name

Michael G. Matthews, Attorney at Law

Firm name

2015 Boundary Street Ste 319

Beaufort, SC 29902

Number, Street, City, State & ZIP Code

Contact phone

843-379-0702

Email address

matthews.michaelg@gmail.com

10012 SC

Bar number & State

Fill in this information to identify your case:

Debtor 1	Robert David Crumley		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Elizabeth Ann McAlpine-Crumley		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 49,005.59
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 49,005.59

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 68,541.20
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 24,398.20
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 128,153.25
		Your total liabilities
		\$ 221,092.65

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 7,756.50
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 7,747.88

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 8,117.75

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>4,500.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>19,898.20</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>24,398.20</u>

Fill in this information to identify your case and this filing:

Debtor 1	Robert David Crumley		
	First Name	Middle Name	Last Name
Debtor 2	Elizabeth Ann McAlpine-Crumley		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA			
Case number			<input type="checkbox"/> Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: **Nissan**
 Model: **Maxima**
 Year: **2019**
 Approximate mileage: **11000**
 Other information:
Vin 1N4AA6AV9KC379960

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$33,360.00** **Current value of the portion you own? **\$33,360.00****

3.2 Make: **Ford**
 Model: **F150 Pick UP**
 Year: **2003**
 Approximate mileage: **250,000**
 Other information:
Vin 1FTRW08L73KB40513

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$3,425.00** **Current value of the portion you own? **\$3,425.00****

Debtor 1 **Robert David Crumley**
 Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

3.3 Make: GMC	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Model: Acadia	<input type="checkbox"/> Debtor 1 only		
Year: 2010	<input checked="" type="checkbox"/> Debtor 2 only		
Approximate mileage: 170000	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: Vin 1GKLVMED5AJ185793	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)	\$5,450.00	\$5,450.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
 Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$42,235.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware
 No
 Yes. Describe.....

household goods and furnishings

\$2,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

televisions (2 flat); laptop computer, ipad; cell phone; dvd player

\$350.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Debtor 1 **Robert David Crumley**
 Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

Yes. Describe.....

clothing	\$100.00
-----------------	-----------------

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

watch, wedding ring; etc	\$1,800.00
---------------------------------	-------------------

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

labadoodle age 2	\$100.00
-------------------------	-----------------

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$4,850.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?
 Do not deduct secured claims or exemptions.**

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash	\$10.00
-------------	----------------

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

**checking account - Navy Federal
 account 9716 - negative 16.14**

\$0.00

17.1. checking account

**savings account - Navy Federal
 account 7438**

\$5.00

17.2. savings account

**checking account - Wells Fargo
 account 8720 - negative balance \$177.28**

\$0.00

17.3. checking account

**checking account - Navy Federal
 account 4378
 negative \$517.94**

\$0.00

17.4. checking account

Debtor 1 **Robert David Crumley**
 Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

17.5. savings account	savings account - Navy Federal account 4594	\$5.00
17.6. checking account	checking account - South State Bank account 0803	\$451.31

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them
 Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.

Type of account:

Institution name:

401K

401K ERISA qualified not property of the estate pursuant to Patterson v. Shumate

\$1,449.28

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Debtor 1 **Robert David Crumley**
 Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

Yes. Give specific information about them....

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

life insurance through his employer term policy no cash value worth upon death \$180,000.00

**Elizabeth Crumley,
spouse**

\$0.00

life insurance through his employer on spouse no cash value worth upon death \$25,000.00

**Robert Crumley,
spouse**

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

35. Any financial assets you did not already list

No

Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$1,920.59

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$0.00
56. Part 2: Total vehicles, line 5	\$42,235.00
57. Part 3: Total personal and household items, line 15	\$4,850.00
58. Part 4: Total financial assets, line 36	\$1,920.59
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
+	
62. Total personal property. Add lines 56 through 61...	\$49,005.59
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$49,005.59

Fill in this information to identify your case:

Debtor 1	Robert David Crumley		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Elizabeth Ann McAlpine-Crumley		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
household goods and furnishings Line from <i>Schedule A/B</i> : 6.1	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
televisions (2 flat); laptop computer, ipad; cell phone; dvd player Line from <i>Schedule A/B</i> : 7.1	\$350.00	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
clothing Line from <i>Schedule A/B</i> : 11.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
watch, wedding ring; etc Line from <i>Schedule A/B</i> : 12.1	\$1,800.00	<input checked="" type="checkbox"/> \$1,800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
Cash Line from <i>Schedule A/B</i> : 16.1	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
checking account: checking account - Navy Federal account 9716 - negative 16.14 Line from <i>Schedule A/B</i>: 17.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
savings account: savings account - Navy Federal account 7438 Line from <i>Schedule A/B</i>: 17.2	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
checking account: checking account - Wells Fargo account 8720 - negative balance \$177.28 Line from <i>Schedule A/B</i>: 17.3	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
savings account: savings account - Navy Federal account 4594 Line from <i>Schedule A/B</i>: 17.5	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
checking account: checking account - South State Bank account 0803 Line from <i>Schedule A/B</i>: 17.6	\$451.31	<input checked="" type="checkbox"/> \$451.31 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
401K: 401K ERISA qualified not property of the estate pursuant to Patterson v. Shumate Line from <i>Schedule A/B</i>: 21.1	\$1,449.28	<input checked="" type="checkbox"/> \$1,449.28 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C)
life insurance through his employer term policy no cash value worth upon death \$180,000.00 Beneficiary: Elizabeth Crumley, spouse Line from <i>Schedule A/B</i>: 31.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
life insurance through his employer on spouse no cash value worth upon death \$25,000.00 Beneficiary: Robert Crumley, spouse Line from <i>Schedule A/B</i>: 31.2	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	Robert David Crumley		
	First Name	Middle Name	Last Name
Debtor 2	Elizabeth Ann McAlpine-Crumley		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Exeter Finance Corp Creditor's Name	\$34,368.26	\$33,360.00	\$1,008.26

**P O B0x 650598
Dallas, TX 75265**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred **2019**Last 4 digits of account number **7195**

	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	2019 Nissan Maxima 11000 miles Vin 1N4AA6AV9KC379960	\$34,368.26	\$33,360.00	\$1,008.26

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred **2019**Last 4 digits of account number **7195**

	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2	Lendmark Financial Creditor's Name	\$8,360.44	\$3,425.00	\$4,935.44

**274 Robert Smalls Pkwy
Ste 240
Beaufort, SC 29906**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **surrender**

Date debt was incurred **01/2018**Last 4 digits of account number **2942**

Debtor 1	Robert David Crumley	First Name _____	Middle Name _____	Last Name _____	Case number (if known) _____		
Debtor 2	Elizabeth Ann McAlpine-Crumley	First Name _____	Middle Name _____	Last Name _____			
2.3 Landmark Financial		Describe the property that secures the claim: 2010 GMC Acadia 170000 miles Vin 1GKLVMED5AJ185793			\$18,980.50	\$5,450.00	\$13,530.50
Creditor's Name 274 Robert Smalls Pkwy Ste 240 Beaufort, SC 29906		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Number, Street, City, State & Zip Code		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) surrender					
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt							
Date debt was incurred _____		Last 4 digits of account number 3665					
2.4 Peoples Finance		Describe the property that secures the claim: household goods			\$1,320.00	\$0.00	\$1,320.00
Creditor's Name 1347 Ribaut Road Ste F Port Royal, SC 29935		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Number, Street, City, State & Zip Code		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) NPMSI					
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt							
Date debt was incurred 2012		Last 4 digits of account number _____					
2.5 Pioneer Credit		Describe the property that secures the claim: household goods			\$3,840.00	\$0.00	\$3,840.00
Creditor's Name 330 Robert Smalls Pkwy Ste 8 Beaufort, SC 29906		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Number, Street, City, State & Zip Code		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) NPMSI					
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt							
Date debt was incurred _____		Last 4 digits of account number _____					

Debtor 1 **Robert David Crumley** Case number (if known) _____

First Name Middle Name Last Name

Debtor 2 **Elizabeth Ann McAlpine-Crumley** Case number (if known) _____

First Name Middle Name Last Name

2.6 World Finance Describe the property that secures the claim: **\$664.00** **\$0.00** **\$664.00**
 Creditor's Name **household goods**

2935 Argent Blvd. Unit E
Ridgeland, SC 29936

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **NPMSI**

Date debt was incurred **2015**

Last 4 digits of account number _____

2.7 World Finance Describe the property that secures the claim: **\$1,008.00** **\$0.00** **\$1,008.00**
 Creditor's Name **household goods**

2303 Boundary Street Ste 8
Beaufort, SC 29902

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **NPMSI**

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: **\$68,541.20**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: **\$68,541.20**

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Robert David Crumley		
	First Name	Middle Name	Last Name
Debtor 2	Elizabeth Ann McAlpine-Crumley		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Beaufort County Family Court Priority Creditor's Name 1000 Ribaut Road Beaufort, SC 29902 Number Street City State Zip Code	Last 4 digits of account number	\$4,500.00	\$4,500.00
Who incurred the debt? Check one.	When was the debt incurred?		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim:	<input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated	
Is the claim subject to offset?		<input type="checkbox"/> Other. Specify child support to Donald E. Braswell for son arrears \$4500.00 plus ongoing monthly payment - no contact	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Robert David Crumley**
 Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known)

2.2	Internal Revenue Service Priority Creditor's Name P O Box 7346 Philadelphia, PA 19101 Number Street City State Zip Code	Last 4 digits of account number	\$19,898.20	\$19,898.20	\$0.00
		When was the debt incurred? 2015 -2017			
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify taxes			
	Who incurred the debt? Check one.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	Check if this claim is for a community debt				
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.3	South Carolina Dept of Revenue Priority Creditor's Name 301 Gervais Street Columbia, SC 29214 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
		When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify taxes			
	Who incurred the debt? Check one.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	Check if this claim is for a community debt				
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.4	United States of America Priority Creditor's Name Office of the Attorney General Tenth Street at Constitution Avenue Washington, DC 20530 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
		When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Notice only			
	Who incurred the debt? Check one.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	Check if this claim is for a community debt				
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Robert David Crumley**
 Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

2.5	US Attorney for South Carolina	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Priority Creditor's Name 1441 Main Street Ste 500 Columbia, SC 29201					
Number Street City State Zip Code					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Notice only					

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1		Total claim			
	1st Franklin	\$4,200.00			
Nonpriority Creditor's Name 330 Robert Smalls Pkwy Ste 5 Beaufort, SC 29906					
Number Street City State Zip Code					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
credit account					
Last 4 digits of account number 5001 When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts					
<input checked="" type="checkbox"/> Other. Specify credit account					

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.2	Ace cash Express Nonpriority Creditor's Name 2311 Boundary Street Ste A Beaufort, SC 29902 Number Street City State Zip Code	Last 4 digits of account number 2715	\$632.90
	Who incurred the debt? Check one.	When was the debt incurred? 2019	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify credit account	
4.3	ACS Emergency Physicians Nonpriority Creditor's Name P O Box 740022 Cincinnati, OH 45274 Number Street City State Zip Code	Last 4 digits of account number several accounts	\$4,500.00
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify medical bills	
4.4	AFNI AT&T Nonpriority Creditor's Name P O Box 3517 Bloomington, IL 61702 Number Street City State Zip Code	Last 4 digits of account number 5414	\$1,934.25
	Who incurred the debt? Check one.	When was the debt incurred? 2016	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify credit account	

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

<p>4.5</p> <p>ALCOA Billing Center ACS Emergency Nonpriority Creditor's Name P O box 740023 Cincinnati, OH 45274 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify medical bill</p>	<p>Case number (if known) _____</p> <p>Last 4 digits of account number 4413 \$211.35</p> <p>When was the debt incurred? 2019</p> <p>As of the date you file, the claim is: Check all that apply</p>
<p>4.6</p> <p>Auto Credit of FI Nonpriority Creditor's Name PO Box 57545 Jacksonville, FL 32241 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify deficiency on auto</p>	
<p>4.7</p> <p>Beaufort Medical Imaging Nonpriority Creditor's Name Post Office Box 49009 Greenwood, SC 29649 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify medical bills</p>	

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.8	Beaufort Medical Imaging Nonpriority Creditor's Name 5700 Southwyck Blvd Toledo, OH 43614 Number Street City State Zip Code	Last 4 digits of account number 4234	\$216.00
	Who incurred the debt? Check one.	When was the debt incurred? 11/18	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify medical bill	
4.9	Beaufort Memorial Hospital Nonpriority Creditor's Name P O Box 5995 Peoria, IL 61601 Number Street City State Zip Code	Last 4 digits of account number several account	\$15,000.00
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify medical bills	
4.1 0	Beaufort Memorial Hospital Nonpriority Creditor's Name P O Box 5995 Peoria, IL 61601 Number Street City State Zip Code	Last 4 digits of account number 7251	\$474.22
	Who incurred the debt? Check one.	When was the debt incurred? 11/04/19	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify medical bill	

Debtor 1 **Robert David Crumley**Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.1
1**Beaufort Memorial Hospital**

Nonpriority Creditor's Name

P O Box 1085**Beaufort, SC 29901**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bills**

4.1
2**Bells Auto Sales**

Nonpriority Creditor's Name

6620 Highway 21**Savannah, GA 31407**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$9,219.00When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **deficiency on auto**

4.1
3**Capital One Auto Finance**

Nonpriority Creditor's Name

7933 Preston Road**Plano, TX 75024**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$9,779.00When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **deficiency on auto 2001 Jeep Liberty**

Debtor 1 **Robert David Crumley**Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.1
4**Carolina Hormone and Health**

Nonpriority Creditor's Name

**3231 Sunset Blvd Ste C
West Columbia, SC 29169**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Contingent
 Yes Unliquidated

Last 4 digits of account number _____

\$1,500.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bill**

4.1
5**Carter Young**

Nonpriority Creditor's Name

**Hargray Communications
882 N Main Street Ste 120
Conyers, GA 30012**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Contingent
 Yes Unliquidated

Last 4 digits of account number _____

\$282.00When was the debt incurred? **2014**

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit account**

4.1
6**Carter Young**

Nonpriority Creditor's Name

**Carolina SportsCare and Physical Therapy
882 N Main Street Ste 120
Conyers, GA 30012**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Contingent
 Yes Unliquidated

Last 4 digits of account number **1743****\$35.72**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bill**

Debtor 1 **Robert David Crumley**Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.1
7**Cash Net USA**

Nonpriority Creditor's Name

**200 West Jackson Ste 1400
Chicago, IL 60606**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No Debtor 1 only
 Yes Contingent

Last 4 digits of account number _____

\$1,189.81When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit account**

4.1
8**Cash Net USA**

Nonpriority Creditor's Name

**200 West Jackson Ste 1400
Chicago, IL 60606**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No Debtor 1 only
 Yes Contingent

Last 4 digits of account number **9005****\$2,300.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit account**

4.1
9**CBC Beaufort Medical Imaging**

Nonpriority Creditor's Name

**10368 Wallace Alley Street S
Kingsport, TN 37663**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No Debtor 1 only
 Yes Contingent

Last 4 digits of account number **several accounts****\$763.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bills**

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.2
0**CBC Beaufort Medical Imaging**

Nonpriority Creditor's Name

P O Box 5067**Kingsport, TN 37663**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

several accounts**\$297.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bill**

4.2
1**Credence Resource Management LLC**

Nonpriority Creditor's Name

DirecTV**P O Box 2390****Southgate, MI 48195**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$549.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit account**

4.2
2**Credit One Bank**

Nonpriority Creditor's Name

P O Box 60500**City of Industry, CA 91716**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **7385****\$938.01**When was the debt incurred? **2018****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit account**

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.2
3**Creditors Protection Services Inc.**

Nonpriority Creditor's Name

**American Family Care Urgent
P O Box 4115
Rockford, IL 61110**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **4943****\$121.48**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **medical bill**4.2
4**Dynamic Recovery Solutions**

Nonpriority Creditor's Name

**ACS Emergency Physicians
P O Box 25759
Greenville, SC 29616**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **8877****\$239.71**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **medical bill**4.2
5**Enhanced Recovery**

Nonpriority Creditor's Name

**Sprint
PO Box 57547
Jacksonville, FL 32241**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$1,730.00When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **credit account**

Debtor 1 **Robert David Crumley**Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.2
6**Enhanced Recovery**

Nonpriority Creditor's Name

TMobile
PO Box 57547
Jacksonville, FL 32241

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number _____

\$414.00When was the debt incurred? **2015** _____**As of the date you file, the claim is:** Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **credit account** _____

4.2
7**Enhanced Recovery**

Nonpriority Creditor's Name

TMobile
PO Box 57547
Jacksonville, FL 32241

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number _____

\$531.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **credit account** _____

4.2
8**First Premier Bank**

Nonpriority Creditor's Name

P O Box 5147
Sioux Falls, SD 57117

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number **9974** _____**\$990.00**When was the debt incurred? **2014** _____**As of the date you file, the claim is:** Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **credit account** _____

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.2 9</div> <p>First Premier Bank Nonpriority Creditor's Name P O Box 5147 Sioux Falls, SD 57117 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	<p>Last 4 digits of account number 9075</p> <p>When was the debt incurred? 2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify credit account</p>	\$751.00
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.3 0</div> <p>Global Credit QVC Nonpriority Creditor's Name P O box 1047 Chicago, IL 60630 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>		
<p>Last 4 digits of account number 6569</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify credit account</p> <p style="text-align: right;">\$230.10</p>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.3 1</div> <p>Hargray Nonpriority Creditor's Name P O Box 100116 Columbia, SC 29202 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>		
<p>Last 4 digits of account number 1842</p> <p>When was the debt incurred? 2019</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify credit account</p> <p style="text-align: right;">\$863.52</p>		

Debtor 1 **Robert David Crumley**Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.3
2**HRRG ACS Emer Phys of SC**

Nonpriority Creditor's Name

PO Box 5406**Cincinnati, OH 45273**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number **3585****\$1,436.90**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **medical bill**

4.3
3**Jefferson Capital**

Nonpriority Creditor's Name

16 McLeland Road**Saint Cloud, MN 56303**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number **0002****\$2,669.13**When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Verizon Wireless credit account**

4.3
4**Lendmark Financial**

Nonpriority Creditor's Name

274 Robert Smalls Pkwy Ste 240**Beaufort, SC 29906**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number **2395****\$8,792.62**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **credit account**

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.3
5**Medical Data Systems**

Nonpriority Creditor's Name

645 Walnut Street Ste 5**Gadsden, AL 35901**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

several accounts**\$3,254.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bills**

4.3
6**Medical Data Systems Beaufort Mem Physic**

Nonpriority Creditor's Name

645 Walnut Street Ste 5**Gadsden, AL 35901**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

several accounts**\$206.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bill**

4.3
7**Medical Revenue Services Beaufort Mem**

Nonpriority Creditor's Name

645 Walnut Street Ste 5**Gadsden, AL 35902**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

0001**\$3,255.52**When was the debt incurred? **2018/2019**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bills**

Debtor 1 **Robert David Crumley**Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.3
8**MRS Century Link**

Nonpriority Creditor's Name

1930 Olney Avenue**Cherry Hill, NJ 08003**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

9341**\$289.45**

When was the debt incurred?

2018

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit account**

4.3
9**National Recovery Agency**

Nonpriority Creditor's Name

Outpatient Surgery**P O Box 67015****Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

4306**\$706.00**

When was the debt incurred?

11/28/18

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bill**

4.4
0**Northwood Automotive**

Nonpriority Creditor's Name

**3733 ASHley Phosphate Road N
North Charleston, SC 29418**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

\$6,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **deficiency on auto - 2013 Nissan Sentra**

Debtor 1 **Robert David Crumley**Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.4
1**Philip B Willette C.**

Nonpriority Creditor's Name

**Palmetto Anesthesia and Pain
P O box 26042
Hilton Head Island, SC 29926**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **1066****\$355.10**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **medicalbill**4.4
2**Phoenix Financial**

Nonpriority Creditor's Name

**ACS Emergency Services
P O box 361450
Indianapolis, IN 46236**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$1,084.00When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **medical**4.4
3**Riverside Women Health**

Nonpriority Creditor's Name

**13 Marshellen Drive
Beaufort, SC 29902**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$750.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **medical bill**

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.4
4**SCA**

Nonpriority Creditor's Name

**P O Box 876
Greenville, NC 27835**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$775.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bill**

4.4
5**Security National Automotive Acceptance**

Nonpriority Creditor's Name

**6951 Cintas Blvd
Mason, OH 45040**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$17,067.00When was the debt incurred? **2014**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **deficiency on auto 2012 Ford Fusion**

4.4
6**South Carolina Department of Revenue**

Nonpriority Creditor's Name

**P O Box 2535
Columbia, SC 29202**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **6456****\$717.20**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

several medical bills with Beaufort Memorial Hospital

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

4.4
7

Tidewater Finance Nonpriority Creditor's Name P O Box 13306 Chesapeake, VA 23325 Number Street City State Zip Code	Last 4 digits of account number _____	\$2,000.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify credit account _____		

4.4
8

Troy Capital Nonpriority Creditor's Name Wylie Clarkson, Esquire P O Box 287 Columbia, SC 29202 Number Street City State Zip Code	Last 4 digits of account number 1703	\$10,203.26
When was the debt incurred? 06/15/18		
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify deficiency on auto _____		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 4,500.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 19,898.20
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 24,398.20
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that	6g.	\$ 0.00

Debtor 1 **Robert David Crumley**

Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

you did not report as priority claims

6h. **Debts to pension or profit-sharing plans, and other similar debts**

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6h. \$ **0.00**

6i. \$ **128,153.25**

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **128,153.25**

Fill in this information to identify your case:

Debtor 1	Robert David Crumley	First Name	Middle Name	Last Name
Debtor 2	Elizabeth Ann McAlpine-Crumley	First Name	Middle Name	Last Name
(Spouse if, filing)				
United States Bankruptcy Court for the:		DISTRICT OF SOUTH CAROLINA		
Case number (if known)				

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Bundy Appraisals and Rental 1204 Boundary Street Beaufort, SC 29902	assume lease on home. \$1350.00
2.2 Progressive Leasing 256 West Data Drive Draper, UT 84020	reject lease - sectional sofa, matress, dresser - monthly payments account ending 9256

Fill in this information to identify your case:

Debtor 1	Robert David Crumley		
	First Name	Middle Name	Last Name
Debtor 2	Elizabeth Ann McAlpine-Crumley		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street State ZIP Code

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.2

Name

Number Street State ZIP Code

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Robert David Crumley</u>
Debtor 2 (Spouse, if filing)	<u>Elizabeth Ann McAlpine-Crumley</u>
United States Bankruptcy Court for the:	<u>DISTRICT OF SOUTH CAROLINA</u>
Case number (if known)	_____

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>truck driver</u>	<u>paralegal</u>
Employer's name	<u>Performance Food Group</u>	<u>Jenkins Law Firm</u>
Employer's address	<u>2801 Alex Lee Blvd Florence, SC 29506</u>	<u>P O Box 21307 Hilton Head Island, SC 29925</u>

How long employed there? 07/2019 10/2018

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>6,876.11</u>	\$ <u>3,250.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>6,876.11</u>	\$ <u>3,250.00</u>

Debtor 1 **Robert David Crumley**
 Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here _____	4. \$ 6,876.11	\$ 3,250.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,183.87	\$ 488.37
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 206.29	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 491.08	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,881.24	\$ 488.37
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,994.87	\$ 2,761.63
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 4,994.87	+ \$ 2,761.63 = \$ 7,756.50
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 7,756.50	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Robert David Crumley
Debtor 2	Elizabeth Ann McAlpine-Crumley
(Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

son

5

No

Yes

No

Yes

No

Yes

son

10

No

Yes

son

17

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,350.00**

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

Your expenses		
4a.	\$	0.00
4b.	\$	0.00
4c.	\$	20.00
4d.	\$	0.00
5.	\$	0.00

Debtor 1 **Robert David Crumley**
 Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 260.00
	6b. Water, sewer, garbage collection	6b. \$ 100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 400.00
	6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 850.00	
8. Childcare and children's education costs	8. \$ 800.00	
9. Clothing, laundry, and dry cleaning	9. \$ 225.00	
10. Personal care products and services	10. \$ 125.00	
11. Medical and dental expenses	11. \$ 400.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 550.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 75.00	
14. Charitable contributions and religious donations	14. \$ 0.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 0.00	
15b. Health insurance	15b. \$ 0.00	
15c. Vehicle insurance	15c. \$ 368.00	
15d. Other insurance. Specify: _____	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: property taxes	16. \$ 42.00	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ 887.88	
17b. Car payments for Vehicle 2	17b. \$ 0.00	
17c. Other. Specify: IRS	17c. \$ 331.00	
17d. Other. Specify: estimated car payment	17d. \$ 400.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 564.00	
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: _____	21. +\$ 0.00	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 7,747.88	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 7,747.88	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ 7,756.50	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 7,747.88	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ 8.62	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Robert David Crumley		
	First Name	Middle Name	Last Name
Debtor 2	Elizabeth Ann McAlpine-Crumley		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Robert David Crumley

Robert David Crumley

Signature of Debtor 1

Date January 16, 2020

X /s/ Elizabeth Ann McAlpine-Crumley

Elizabeth Ann McAlpine-Crumley

Signature of Debtor 2

Date January 16, 2020

Fill in this information to identify your case:

Debtor 1	Robert David Crumley		
	First Name	Middle Name	Last Name
Debtor 2	Elizabeth Ann McAlpine-Crumley		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
2211 Prince Street Beaufort, SC 29902	From-To: moved June, 2019	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1 From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$3,230.87
		<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
		\$1,500.00

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2019)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$59,221.52	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$39,000.00
For the calendar year before that: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$72,527.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$32,346.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Bundy Appraisals and Rental 1204 Boundary Street Beaufort, SC 29902	\$1350.00 per month for rent January, December and November	\$1,350.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>rent</u>

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Exeter Finance Corp P O Box 204480 Dallas, TX 75320	\$887.88 payment October, 2019	\$887.88	\$34,368.26	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Lendarmark Financial 274 Robert Smalls Pkwy Ste 240 Beaufort, SC 29906	\$378.50 December and November each month	\$378.50	\$11,227.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
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10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
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Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

Creditor Name and Address	Describe the Property	Date	Value of the property
Northwood Automotive 3733 ASHLEY Phosphate Road N North Charleston, SC 29418	Explain what happened 2013 Nissan Sentra	12/2019	Unknown
	■ Property was repossessed. □ Property was foreclosed. □ Property was garnished. □ Property was attached, seized or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
--	---	-------------------	------------------------

Debtor 1 **Robert David Crumley**
 Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known)

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Start Fresh Today 3700 Barrett Drive Raleigh, NC 27609	credit counseling	01/12/2020	\$24.99
Michael G. Matthews, Attorney at Law 2015 Boundary Street Ste 319 Beaufort, SC 29902 matthews.michaelg@gmail.com	Attorney Fees	01/14/2020	\$2,135.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

Debtor 1 **Robert David Crumley**
 Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (*if known*)

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Robert David Crumley

Robert David Crumley
Signature of Debtor 1

Date January 16, 2020

/s/ Elizabeth Ann McAlpine-Crumley

Elizabeth Ann McAlpine-Crumley
Signature of Debtor 2

Date January 16, 2020

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Robert David Crumley		
	First Name	Middle Name	Last Name
Debtor 2	Elizabeth Ann McAlpine-Crumley		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name:

Exeter Finance Corp

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:
will pay direct

Description of property securing debt:
2019 Nissan Maxima 11000 miles
Vin 1N4AA6AV9KC379960

Creditor's name:

Lemark Financial

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of property securing debt:
2003 Ford F150 Pick UP 250,000 miles
Vin 1FTRW08L73KB40513

Creditor's name:

Lemark Financial

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of property:
2010 GMC Acadia 170000 miles
Vin 1GKLVMED5AJ185793

Debtor 1 **Robert David Crumley**
 Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (if known) _____

securing debt: _____

Creditor's **Peoples Finance**

name: _____

Description of **household goods**

property _____

securing debt: _____

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

avoid lien using 11 U.S.C. § 522(f)

Creditor's **Pioneer Credit**

name: _____

Description of **household goods**

property _____

securing debt: _____

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

avoid lien using 11 U.S.C. § 522(f)

Creditor's **World Finance**

name: _____

Description of **household goods**

property _____

securing debt: _____

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

avoid lien using 11 U.S.C. § 522(f)

Creditor's **World Finance**

name: _____

Description of **household goods**

property _____

securing debt: _____

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

avoid lien using 11 U.S.C. § 522(f)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: **Bundy Appraisals and Rental**

No

Yes

Description of leased Property: **assume lease on home. \$1350.00**

Lessor's name: **Progressive Leasing**

No

Yes

Description of leased Property: **reject lease - sectional sofa, mattress, dresser - monthly payments account ending 9256**

Debtor 1 **Robert David Crumley**
Debtor 2 **Elizabeth Ann McAlpine-Crumley**

Case number (*if known*) _____

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Robert David Crumley
Robert David Crumley
Signature of Debtor 1

X /s/ Elizabeth Ann McAlpine-Crumley
Elizabeth Ann McAlpine-Crumley
Signature of Debtor 2

Date January 16, 2020

Date January 16, 2020

Fill in this information to identify your case:

Debtor 1 Robert David Crumley
 Debtor 2 Elizabeth Ann McAlpine-Crumley
 (Spouse, if filing)
 United States Bankruptcy Court for the: District of South Carolina
 Case number (if known) _____

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse
 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.
 Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 Married and your spouse is NOT filing with you. You and your spouse are:
 Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ <u>4,870.25</u>	\$ <u>3,247.50</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

Debtor 1	Debtor 2 or non-filing spouse
\$ <u>4,870.25</u>	\$ <u>3,247.50</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

Debtor 1	Debtor 2 or non-filing spouse
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

Debtor 1	Debtor 2 or non-filing spouse
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

5. Net income from operating a business, profession, or farm

Debtor 1	Debtor 2 or non-filing spouse
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

6. Net income from rental and other real property

Debtor 1	Debtor 2 or non-filing spouse
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

7. Interest, dividends, and royalties

Debtor 1	Debtor 2 or non-filing spouse
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

Debtor 1
Debtor 2

Robert David Crumley
Elizabeth Ann McAlpine-Crumley

Case number (if known) _____

**Column A
Debtor 1**

**Column B
Debtor 2 or
non-filing spouse**

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
For your spouse \$ **0.00**

\$ **0.00** \$ **0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ **0.00** \$ **0.00**

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ **0.00** \$ **0.00**

\$ **0.00** \$ **0.00**

Total amounts from separate pages, if any.

+ \$ 0.00 \$ **0.00**

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **4,870.25** + \$ **3,247.50** = \$ **8,117.75**

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>** \$ **8,117.75**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **97,413.00**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

SC

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household.

13. \$ **79,780.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Robert David Crumley
Robert David Crumley
Signature of Debtor 1

X /s/ Elizabeth Ann McAlpine-Crumley
Elizabeth Ann McAlpine-Crumley
Signature of Debtor 2

Debtor 1
Debtor 2

Robert David Crumley
Elizabeth Ann McAlpine-Crumley

Case number (if known) _____

Date January 16, 2020
MM / DD / YYYY

Date January 16, 2020
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1	<u>Robert David Crumley</u>
Debtor 2	<u>Elizabeth Ann McAlpine-Crumley</u> (Spouse, if filing)
United States Bankruptcy Court for the:	<u>District of South Carolina</u>
Case number (if known)	

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

1. There is no presumption of abuse.
 2. There is a presumption of abuse.

Check if this is an amended filing

Official Form 122A - 2 Chapter 7 Means Test Calculation

04/19

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here=>..... \$ 8,117.75
2. Did you fill out Column B in Part 1 of Form 122A-1?
 No. Fill in \$0 for the total on line 3.
 Yes. Is your spouse Filing with you?
 No. Go to line 3.
 Yes. Fill in \$0 for the total on line 3.
3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

No. Fill in 0 for the total on line 3.
 Yes. Fill in the information below:

State each purpose for which the income was used

For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.

Fill in the amount you are subtracting from your spouse's income

\$ _____

\$ _____

\$ _____

Total. _____

\$ **0.00**

Copy total here=>... - \$ **0.00**

4. Adjust your current monthly income. Subtract line 3 from line 1.

\$ **8,117.75**

Debtor 1
Debtor 2

Robert David Crumley
Elizabeth Ann McAlpine-Crumley

Case number (if known) _____

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ **1,786.00**

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ **55.00**
7b. Number of people who are under 65 X **4**
7c. **Subtotal.** Multiply line 7a by line 7b. \$ **220.00** Copy here=> \$ **220.00**

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ **114.00**
7e. Number of people who are 65 or older X **0**
7f. **Subtotal.** Multiply line 7d by line 7e. \$ **0.00** Copy here=> +\$ **0.00**

7g. **Total.** Add line 7c and line 7f \$ **220.00** Copy total here=> \$ **220.00**

Debtor 1 Robert David Crumley
Debtor 2 Elizabeth Ann McAlpine-Crumley

Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- **Housing and utilities - Insurance and operating expenses**
- **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form.
This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ **688.00**

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses..... \$ **1,540.00**

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
-NONE-	\$

Total average monthly payment	\$	0.00	Copy here=>	-\$	\$	0.00	Repeat this amount on line 33a.
-------------------------------	----	-------------	-----------------------	-----	----	-------------	---------------------------------

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than \$0, enter \$0. \$ **1,540.00** **Copy here=>** \$ **1,540.00**

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ **0.00**

Explain why:

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **210.00**

Debtor 1
Debtor 2

Robert David Crumley
Elizabeth Ann McAlpine-Crumley

Case number (if known) _____

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2019 Nissan Maxima 11000 miles Vin 1N4AA6AV9KC379960

13a. Ownership or leasing costs using IRS Local Standard..... \$ 508.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment	
Exeter Finance Corp	\$ <u>660.45</u>	
Total Average Monthly Payment	\$ <u>660.45</u>	Copy here => -\$ <u>660.45</u> Repeat this amount on line 33b.
		Copy net Vehicle 1 expense here => \$ <u>0.00</u>
13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.	\$ <u>0.00</u>	

Vehicle 2 Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard..... \$ 0.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment	
	\$ _____	
Total Average Monthly Payment	\$ _____	Copy here => -\$ <u>0.00</u> Repeat this amount on line 33c.
		Copy net Vehicle 2 expense here => \$ <u>0.00</u>
13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0.	\$ <u>0.00</u>	

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ 0.00

Debtor 1
Debtor 2

Robert David Crumley
Elizabeth Ann McAlpine-Crumley

Case number (if known) _____

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 1,693.86

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00

18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 564.00

20. **Education:** The total monthly amount that you pay for education that is either required:
 as a condition for your job, or
 for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 800.00

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 180.00

23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 0.00

24. **Add all of the expenses allowed under the IRS expense allowances.**
Add lines 6 through 23. \$ 7,681.86

Debtor 1
Debtor 2

Robert David Crumley
Elizabeth Ann McAlpine-Crumley

Case number (if known) _____

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	\$ <u>491.08</u>
Disability insurance	\$ <u>0.00</u>
Health savings account	<u>+ \$ 0.00</u>
Total	\$ <u>491.08</u>

Copy total here=> \$ 491.08

Do you actually spend this total amount?

No. How much do you actually spend?

Yes \$ _____

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$ 0.00

By law, the court must keep the nature of these expenses confidential.

\$ 0.00

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

+\$ 0.00

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 491.08

Debtor 1
Debtor 2

Robert David Crumley
Elizabeth Ann McAlpine-Crumley

Case number (if known)

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home:

33a. Copy line 9b here => \$ **0.00**

Loans on your first two vehicles:

33b. Copy line 13b here => \$ **660.45**

33c. Copy line 13e here => \$ **0.00**

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

-NONE-

No

Yes

\$ _____

No

Yes

\$ _____

No

Yes

+\$ _____

33e. Total average monthly payment. Add lines 33a through 33d

\$ **660.45**

Copy total here=> \$ **660.45**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

No. Go to line 35.
 Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor

Identify property that secures the debt

Total cure amount

Monthly cure amount

-NONE-

\$ _____ ÷ 60 = \$ _____

Copy total here=> \$ **0.00**

Total \$ **0.00**

35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.
 Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims

\$ **24,398.20** ÷ 60 = \$ **406.64**

Debtor 1
Debtor 2

Robert David Crumley
Elizabeth Ann McAlpine-Crumley

Case number (if known) _____

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

No. Go to line 37.

Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$ _____

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

x _____

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

\$ _____

Average monthly administrative expense if you were filing under Chapter 13

\$ _____

Copy total here=> \$ _____

\$ **1,067.09**

37. Add all of the deductions for debt payment.

Add lines 33e through 36.

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, *All of the expenses allowed under IRS expense allowances* \$ **7,681.86**

Copy line 32, *All of the additional expense deductions* \$ **491.08**

Copy line 37, *All of the deductions for debt payment* \$ **1,067.09**

Total deductions \$ **9,240.03** Copy total here.....=> \$ **9,240.03**

Part 3: Determine Whether There is a Presumption of Abuse

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, *adjusted current monthly income* \$ **8,117.75**

39b. Copy line 38, *Total deductions* \$ **9,240.03**

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

\$ **-1,122.28** Copy here=> \$ **-1,122.28**

For the next 60 months (5 years) x 60

39d. **Total.** Multiply line 39c by 60 \$ **-67,336.80** Copy here=> \$ **-67,336.80**

40. Find out whether there is a presumption of abuse. Check the box that applies:

The line 39d is less than \$8,175*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

The line 39d is more than \$13,650*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Go to Part 5.

The line 39d is at least \$8,175*, but not more than \$13,650*. Go to line 41.

*Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1
Debtor 2

Robert David Crumley
Elizabeth Ann McAlpine-Crumley

Case number (if known) _____

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 3b on that form.

\$ _____
x .25

41b. **25% or your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I)
Multiply line 41a by 0.25.....

\$ _____
Copy here=> \$ _____

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**

Check the box that applies:

Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.

Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

No. Go to Part 5.

Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances
estimate car payment

Average monthly expense or income adjustment
\$ **400.00**
\$ _____
\$ _____
\$ _____
\$ _____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Robert David Crumley

Robert David Crumley

Signature of Debtor 1

Date **January 16, 2020**
MM / DD / YYYY

X /s/ Elizabeth Ann McAlpine-Crumley

Elizabeth Ann McAlpine-Crumley

Signature of Debtor 2

Date **January 16, 2020**
MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
\$335 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filings fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court
District of South Carolina**

In re **Robert David Crumley
Elizabeth Ann McAlpine-Crumley**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 1,800.00
Prior to the filing of this statement I have received	\$ 1,800.00
Balance Due	\$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

The services of Attorney included in the base fee are those normally contemplated for a Chapter 7 case, including: all services reasonably necessary to fully inform Client of Client's rights and responsibilities under the bankruptcy laws; preparation and electronic filing of petition, schedules, supplemental local forms, and mailing matrix; preparation for and attendance at Section 341 meeting and any other matters, which are governed by the terms of the fee agreement.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representing Client in any dischargeability proceeding, including student loan discharge proceedings; representing Client in any contested matter of any kind; filing any amendments to the Schedules, unless the amendment arises out of a mistake by Attorney; representing Client in any other matters not specifically designated as a base fee service in the fee agreement; filing motions under section 522(f) to avoid judicial liens or security interests in household goods. Attorney fee for each motion shall be \$250 unless motion is opposed. Additionally, the fee does not include attending continued 341s, which shall be billed at \$500.00 per attendance (unless requested by Attorney or caused by acts or omissions of Attorney) and any other matters which are governed by the terms of the fee agreement.

In re Robert David Crumley
Elizabeth Ann McAlpine-Crumley Case No. _____
Debtor(s) _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 16, 2020

Date

/s/ Michael G. Matthews

Michael G. Matthews 10012

Signature of Attorney

Michael G. Matthews, Attorney at Law

2015 Boundary Street Ste 319

Beaufort, SC 29902

843-379-0702 Fax: 843-379-0703

matthews.michaelg@gmail.com

Name of law firm

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court
District of South Carolina

In re **Robert David Crumley**
Elizabeth Ann McAlpine-Crumley

Debtor(s)

Case No.

Chapter

7

CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

(a) computer diskette
(b) scannable hard copy
(number of sheets submitted)
(c) electronic version filed via CM/ECF

Date: January 16, 2020

/s/ Robert David Crumley

Robert David Crumley
Signature of Debtor

Date: January 16, 2020

/s/ Elizabeth Ann McAlpine-Crumley

Elizabeth Ann McAlpine-Crumley
Signature of Debtor

Date: January 16, 2020

/s/ Michael G. Matthews

Signature of Attorney
Michael G. Matthews 10012
Michael G. Matthews, Attorney at Law
2015 Boundary Street Ste 319
Beaufort, SC 29902
843-379-0702 Fax: 843-379-0703
Typed/Printed Name/Address/Telephone

10012 SC
District Court I.D. Number

1ST FRANKLIN
330 ROBERT SMALLS PKWY STE 5
BEAUFORT SC 29906

ACE CASH EXPRESS
2311 BOUNDARY STREET STE A
BEAUFORT SC 29902

ACS EMERGENCY PHYSICIANS
P O BOX 740022
CINCINNATI OH 45274

AFNI AT&T
P O BOX 3517
BLOOMINGTON IL 61702

ALCOA BILLING CENTER ACS EMERGENCY
P O BOX 740023
CINCINNATI OH 45274

AUTO CREDIT OF FL
PO BOX 57545
JACKSONVILLE FL 32241

BEAUFORT COUNTY FAMILY COURT
1000 RIBAUT ROAD
BEAUFORT SC 29902

BEAUFORT MEDICAL IMAGING
POST OFFICE BOX 49009
GREENWOOD SC 29649

BEAUFORT MEDICAL IMAGING
5700 SOUTHWYCK BLVD
TOLEDO OH 43614

BEAUFORT MEMORIAL HOSPITAL
P O BOX 5995
PEORIA IL 61601

BEAUFORT MEMORIAL HOSPITAL
P O BOX 5995
PEORIA IL 61601

BEAUFORT MEMORIAL HOSPITAL
P O BOX 1085
BEAUFORT SC 29901

BELLS AUTO SALES
6620 HIGHWAY 21
SAVANNAH GA 31407

BUNDY APPRAISALS AND RENTAL
1204 BOUNDARY STREET
BEAUFORT SC 29902

CAPITAL ONE AUTO FINANCE
7933 PRESTON ROAD
PLANO TX 75024

CAROLINA HORMONE AND HEALTH
3231 SUNSET BLVD STE C
WEST COLUMBIA SC 29169

CARTER YOUNG
HARGRAY COMMUNICATIONS
882 N MAIN STREET STE 120
CONYERS GA 30012

CARTER YOUNG
CAROLINA SPORTSCARE AND PHYSICAL THERAPY
882 N MAIN STREET STE 120
CONYERS GA 30012

CASH NET USA
200 WEST JACKSON STE 1400
CHICAGO IL 60606

CASH NET USA
200 WEST JACKSON STE 1400
CHICAGO IL 60606

CBC BEAUFORT MEDICAL IMAGING
10368 WALLACE ALLEY STREET S
KINGSPORT TN 37663

CBC BEAUFORT MEDICAL IMAGING
P O BOX 5067
KINGSPORT TN 37663

CREDENCE RESOURCE MANAGEMENT LLC
DIRECTV
P O BOX 2390
SOUTHGATE MI 48195

CREDIT ONE BANK
P O BOX 60500
CITY OF INDUSTRY CA 91716

CREDITORS PROTECTION SERVICES INC.
AMERICAN FAMILY CARE URGENT
P O BOX 4115
ROCKFORD IL 61110

DYNAMIC RECOVERY SOLUTIONS
ACS EMERGENCY PHYSICIANS
P O BOX 25759
GREENVILLE SC 29616

ENHANCED RECOVERY
SPRINT
PO BOX 57547
JACKSONVILLE FL 32241

ENHANCED RECOVERY
TMOBILE
PO BOX 57547
JACKSONVILLE FL 32241

ENHANCED RECOVERY
TMOBILE
PO BOX 57547
JACKSONVILLE FL 32241

EXETER FINANCE CORP
P O BOX 650598
DALLAS TX 75265

FIRST PREMIER BANK
P O BOX 5147
SIOUX FALLS SD 57117

FIRST PREMIER BANK
P O BOX 5147
SIOUX FALLS SD 57117

GLOBAL CREDIT QVC
P O BOX 1047
CHICAGO IL 60630

HARGRAY
P O BOX 100116
COLUMBIA SC 29202

HRRG ACS EMER PHYS OF SC
PO BOX 5406
CINCINNATI OH 45273

INTERNAL REVENUE SERVICE
P O BOX 7346
PHILADELPHIA PA 19101

JEFFERSON CAPITAL
16 MCLELAND ROAD
SAINT CLOUD MN 56303

LENDMARK FINANCIAL
274 ROBERT SMALLS PKWY STE 240
BEAUFORT SC 29906

LENDMARK FINANCIAL
274 ROBERT SMALLS PKWY STE 240
BEAUFORT SC 29906

LENDMARK FINANCIAL
274 ROBERT SMALLS PKWY STE 240
BEAUFORT SC 29906

MEDICAL DATA SYSTEMS
645 WALNUT STREET STE 5
GADSDEN AL 35901

MEDICAL DATA SYSTEMS BEAUFORT MEM PHYSIC
645 WALNUT STREET STE 5
GADSDEN AL 35901

MEDICAL REVENUE SERVICES BEAUFORT MEM
645 WALNUT STREET STE 5
GADSDEN AL 35902

MRS CENTURY LINK
1930 OLNEY AVENUE
CHERRY HILL NJ 08003

NATIONAL RECOVERY AGENCY
OUTPATIENT SURGERY
P O BOX 67015
HARRISBURG PA 17106

NORTHWOOD AUTOMOTIVE
3733 ASHLEY PHOSPHATE ROAD N
NORTH CHARLESTON SC 29418

PEOPLES FINANCE
1347 RIBAUT ROAD STE F
PORT ROYAL SC 29935

PHILIP B WILLETT C.
PALMETTO ANESTHESIA AND PAIN
P O BOX 26042
HILTON HEAD ISLAND SC 29926

PHOENIX FINANCIAL
ACS EMERGENCY SERVICES
P O BOX 361450
INDIANAPOLIS IN 46236

PIONEER CREDIT
330 ROBERT SMALLS PKWY STE 8
BEAUFORT SC 29906

PROGRESSIVE LEASING
256 WEST DATA DRIVE
DRAPER UT 84020

RIVERSIDE WOMEN HEALTH
13 MARSHELLEN DRIVE
BEAUFORT SC 29902

SCA
P O BOX 876
GREENVILLE NC 27835

SECURITY NATIONAL AUTOMOTIVE ACCEPTANCE
6951 CINTAS BLVD
MASON OH 45040

SOUTH CAROLINA DEPARTMENT OF REVENUE
P O BOX 2535
COLUMBIA SC 29202

SOUTH CAROLINA DEPT OF REVENUE
301 GERVAIS STREET
COLUMBIA SC 29214

TIDEWATER FINANCE
P O BOX 13306
CHESAPEAKE VA 23325

TROY CAPITAL
WYLIE CLARKSON, ESQUIRE
P O BOX 287
COLUMBIA SC 29202

UNITED STATES OF AMERICA
OFFICE OF THE ATTORNEY GENERAL
TENTH STREET AT CONSTITUTION AVENUE
WASHINGTON DC 20530

US ATTORNEY FOR SOUTH CAROLINA
1441 MAIN STREET STE 500
COLUMBIA SC 29201

WORLD FINANCE
2935 ARGENT BLVD. UNIT E
RIDGELAND SC 29936

WORLD FINANCE
2303 BOUNDARY STREET STE 8
BEAUFORT SC 29902